# ERIC

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this		(Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR. ERIC		MI	OFFICE USE ONLY
	NICKNAME LAST	A	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS 8
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P O BOX 4173 BROWNSVILLE TX 7852		TATE; ZIP CODE	VOTER REGISTRATION  JUL 17 2017  • RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 956 ) 551-0155	В Е	XTENSION	BY: Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MR. R. BRU	IAE	MI	Receipt # Amount \$
NAME	MR. R. BRU  NICKNAME LAST	JGE 	, . , . , . , . SUFFIX	Date Processed
	THARF	PE		Date Imaged
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	P O BOX 4173 BROWNSVILLE TX 7852  AREA CODE PHONE NUMBER (956 ) 551-0155		CTENSION	
9 REPORT TYPE		before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  01 / 01 / 201		Month  O6	Day Year 30 2017
11 ELECTION	ELECTION DATE  Month Day Year	Primary Runoff General Special	ELECTION TYPE Other Description	,
12 OFFICE	OFFICE HELD (if any)  DISTRICT CLERK OF  CAMERON COUNTY	13 of D TO PAGE 2	FFICE SOUGHT (If known)	
	GC	J IO FAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME ERIC GARZA		. 15	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF POLITICAL EXPENDITION OF POLITICAL EXPENDITION OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WIT PONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
· · · · · · · · · · · · · · · · · · ·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 3,238.34
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,587.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 4,288.07		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT			^
AFFIX NOTARY STAME	RANCISCO MONREA otary Public, State of My Commission Exp August 05, 201	Texas bires 8	nation required to be reported by me
Sworn to and subscr	47		, this the
day ofSignature of officer ad		o certify which, witness my hand and seal of office.  Francisco Monreal Jr.  Printed name of officer administering oath	Notary Police  Title of officer administering oath

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  ERIC GARZA  20 Filer ID (	(Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,349.25
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION:	s \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 OF 12 **ERIC GARZA** 4 Date 5 Payee name **FACEBOOK** 01/03/2017 6 Amount (\$) 7 Payee address; City; State; Zip Code \$105.66 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE **MARKETING EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **IBC** 01/31/2017 Amount (\$) Payee address; City; State; Zip Code \$13.70 Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** BANK EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 02/28/2017 IBC Amount (\$) Payee address; City; State; Zip Code \$13.50 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE BANK EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 2 OF 12	1: 2 FILER NAME ERIC GARZA  3 Filer ID (Ethics Commission		
4 Date 03/31/2014	5 Payee name IBC		
6 Amount (\$) \$13.50	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  BANKING EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
04/30/2017	IBC		
Amount (\$) <b>\$5.00</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  BANKING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
04/30/2017	IBC		
Amount (\$) <b>\$13.50</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  BANKING EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel Out Of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)

Great Gard Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 3 OF 12	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 05/31/2017	5 Payee name IBC	,	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***************************************
PURPOSE OF EXPENDITURE	BANKING EXPENSE  Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expe		•
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/31/2017	IBC		
Amount (\$)	Payee address; City; State; Zip Code	18.55000.	
\$13.50			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	BANKING EXPENSE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		•
EXPENDITURE	DAIMING EXPENSE		THE STATE OF THE S
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/30/2017	IBC		
Amount (\$)	Payee address; City; State; Zip Code		
\$13.50			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			side of Texas. Complete Schedule T.
EXPENDITURE	BANKING EXPENSE	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 OF 12 **ERIC GARZA** 4 Date 5 Pavee name 06/20/2017 **UNITED STATES POSTAL SERVICE** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$490.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE POSTAGE EXPENSE OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name UNITED STATES POSTAL SERVICE 06/10/2017 Amount (\$) City; State; Zip Code Payee address; \$490.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE **POSTAGE EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **STAPLES** 06/01/2017 Amount (\$) Payee address; City; State; Zip Code \$454.65 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE **PRINTING EXPENSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE (ENVELOPES) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1: <b>5 OF 12</b>	2 FILER NAME ERIC GARZA	3	Filer ID (Ethics Commission Filers
Date <b>06/02/2017</b>	5 Payee name STAPLES		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$870.12			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	PRINTING EXPENSE		of Texas. Complete Schedule T.
OF EXPENDITURE	(LETTERS/FLYERS)	Check If Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/10/2017	FRANCISCO CISNEROS		
Amount (\$)	Payee address; City; State; Zip Code		
\$240.00	SAN BENITO, TEXAS		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	EVENT EXPENSE Check if travel outside of Texas. Complete Schedule T.		,
OF EXPENDITURE	(EASTER EGG SHELLS)	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/10/2017	WAL-MART		
Amount (\$)	Payee address; City; State; Zip Code		
\$198.43			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	EVENT EXPENSE		Texas. Complete Schedule T.
EXPENDITURE	(EASTER EGG HUNTS)	L Check if Austin, TX, o	officeholder living expense
complete ONLY if direct open conditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 6 OF 12	2 FILER NAME ERIC GARZA	3	Filer ID (Ethics Commission Filers)
4 Date 04/12/2017	5 Payee name SAMS CLUB	<u> </u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$254.34			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	le of Texas. Complete Schedule ⊤.
PURPOSE OF	EVENT EXPENSE		X, officeholder living expense
EXPENDITURE	(EASTER EGG HUNTS)		garan da
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/15/2017	GUADALUPE PINEDA		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE EVENT EXPENSE			e of Texas. Complete Schedule T.
EXPENDITURE	(EASTER EGG HUNTS)	Check if Austin, 1)	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/15/2017	RGV MEDIA GROUP		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE		e of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 OF 12 **ERIC GARZA** 4 Date 5 Payee name **RGV MEDIA GROUP** 02/15/2017 6 Amount (\$) 7 Payee address; City; State; Zip Code \$100.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** CONSULTING EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **RGV MEDIA GROUP** 03/15/2017 Amount (\$) Payee address; City; State; Zip Code \$150,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** CONSULTING EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 04/10/2016 **RGV MEDIA GROUP** Amount (\$) Payee address; City; State; Zip Code \$150.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **CONSULTING EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 8 OF 12 **ERIC GARZA** 4 Date 5 Payee name **RGV MEDIA GROUP** 05/08/2017 6 Amount (\$) 7 Payee address; City; State; Zip Code \$150.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE CONSULTING EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date **RGV MEDIA GROUP** 06/05/2017 Amount (\$) Payee address; City; State; Zip Code \$150.00 Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE CONSULTING EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/01/2017 T-MOBILE Amount (\$) Payee address; City; State; Zip Code \$198.52 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE COMMUNICATIONS EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 9 OF 12	2 FILER NAME ERIC GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2017	5 Payee name WAL-MART		
6 Amount (\$)	7 Payee address; City; State; Zip Code		7
\$100.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION EXPENSE (GIFT CARDS)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/15/2017	T-MOBILE		
Amount (\$)	Payee address; City; State; Zip Code		
\$165.84			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	COMMUNICATIONS EXPENSE		tside of Texas. Complete Schedule T.
EXPENDITURE		Cneck if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/04/2017	STRIPES		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	DONATION EXPENSE		tside of Texas. Complete Schedule T.
EXPENDITURE	(GIFT CARDS)	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1 10 OF 12	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date <b>02/05/2017</b>	5 Payee name FACEBOOK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$150.00		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	MARKETING EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
03/08/2017	FACEBOOK	
Amount (\$)	Payee address; City; State; Zip Code	
\$162.50		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	MARKETING EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
04/04/2017	FACEBOOK	
Amount (\$)	Payee address; City; State; Zip Code	
\$138.90		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	MARKETING EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 11 OF 12	2 FILER NAME ERIC GARZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
05/08/2017	FACEBOOK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$149.34		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	MADVETING EVDENCE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	MARKETING EXPENSE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
01/30/2014	FRANCISCO CISNEROS	
Amount (\$)	Payee address; City; State; Zip Code	
\$260.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(EASTER EGG SHELLS)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02/18/2017	FRANCISCO CISNEROS	•
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(EASTER EGG SHELLS)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12 OF 12 **ERIC GARZA** 4 Date 5 Payee name 03/04/2014 FRANCISCO CISNEROS 6 Amount (\$) 7 Payee address; City; State; Zip Code \$220.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense (EASTER EGG SHELLS) EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date SAMS CLUB 04/04/2017 Amount (\$) Payee address; City; State; Zip Code \$149,50 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE EVENT EXPENSE** OF \_\_ Check if Austin, TX, officeholder living expense (EASTER HUNTS) **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/07/2017 SAMS CLUB Amount (\$) Payee address; City; State; Zip Code \$210.25 Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE EVENT EXPENSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** (EASTER HUNTS) Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED